



**INTERNATIONAL RESCUE COMMITTEE
NIGERIA PROGRAM**

QUARTERLY REPORT

**PROVISION OF NFI AND EMERGENCY GBV AND WASH SERVICES TO IDPs AND HOST
COMMUNITIES IN ADAMAWA STATE, NIGERIA**

(CONTRACT NO: AID-OFDA-A-14-00013)

**REPORT DATES
JULY 2014-SEPTEMBER, 2014**

PRESENTED TO:

**THE USAID OFFICE OF FOREIGN
DISASTER ASSISTANCE**

Collaborating Partner:

International Rescue Committee Nigeria
c/o Sarah Ndikumana, Country Director
Tel: +234 (0) 8188369126
E-mail: Sarah.Ndikumana@Rescue.org

Agency Headquarters:

International Rescue Committee
c/o Adrian Clarke, Program Officer
Tel : 212.551.0954
E-mail: Adrian.Clarke@Rescue.org

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I. Executive Summary

PROGRAM TITLE:	Provision of NFI and Emergency GBV and WASH Services to IDPs and Host Communities in Adamawa State, Nigeria
PROJECT NO:	AID-OFDA-A-14-00013
AGENCY:	International Rescue Committee (IRC)
COUNTRY:	Nigeria
CAUSE:	Insurgency in the north eastern Nigeria
REPORTING PERIOD:	July-September, 2014
GOAL:	To provide safe and effective gender-based violence prevention and water, sanitation and hygiene services, and NFI distributions to internally displaced persons and families in Adamawa State, Nigeria.
OBJECTIVES:	<ol style="list-style-type: none">1. Appropriate quality health, psychosocial support, and safety services for survivors of GBV provide life saving services to survivors, which support their recovery, healing and dignity and allow them rebuild their lives.2. Women have increased access to and control of resources, thus reducing their vulnerability to GBV and SEA3. GBV survivors receive timely appropriate and quality clinical treatment for consequences of sexual assault, including rape4. Rapidly improved environmental health conditions in targeted villages
BENEFICIARIES:	Total targeted: 62,000 IDP beneficiaries: 23,250
LOCATION:	Adamawa State, Nigeria
DURATION:	June 27, 2014 to June 26, 2015

Introduction

The humanitarian situation in northeast (NE) Nigeria worsened significantly in 2014, and continues to do so, with increased insurgency violence leading to new and repeated IDP movements within the region. Since August, Adamawa state has been particularly hard hit, with aggressive territory gains undertaken by Boko Haram (BH) in south Borno and northern Adamawa state. This led to an influx of thousands of new IDPs to northern and central Adamawa, including Mubi and Yola towns, where the IRC has field offices. This report covers activity implementation through the end of September, and therefore does not reflect the most recent violent uprisings in Adamawa state and Boko Haram's seizure of Mubi, which occurred at the end of October.

The IRC's intervention, during the reporting period, was geared towards addressing all three elements of OFDA's mandate *to save lives, alleviate human suffering, and reduce the social and economic impact of disasters*, and therefore, worked in the first quarter of the project period to put new Gender-Based Violence (GBV) programming into place and scale up its on-going WASH and NFI activities. The emergency provision of GBV – including health and ERMS activities – and WASH services, and associated NFI, will provide life-saving access to treatment for GBV survivors and safe water to affected populations, as well as reduce the fatal consequences of deadly water and fecal-borne diseases. These activities will similarly alleviate human suffering and, through increased access to services and improved WASH, reduce the social and economic impact of both, the influx of IDPs on host communities and of displacement on the IDPs themselves.

The IRC has been in Nigeria since 2012 and in the northeast since early 2014. The IRC is one of only two humanitarian actors present in Nigeria's Adamawa state and is working with three local partners under the OFDA grant and has strong relationships with relevant Nigerian ministries, NEMA and SEMA. This has allowed the IRC deeper integration into host communities and IDP camps, enabling a more thorough and comprehensive assessment of new needs while engaging with local populations to identify IDPs and other vulnerable groups.

II. Summary of Activities

Northern Adamawa State; Hong, Maiha, Mubi North and Mubi South, Michika and Madagali Local Government Areas (LGAs)

Type Disaster: Insurgency in northeastern Nigeria

Total Number of beneficiaries: 62,000

Intervention Month(s): July 2014 to June 2015

In order to achieve **Objectives 1, 2 and 3** of the project, to ensure that survivor needs are responded to and appropriately addressed, and that women's vulnerability to GBV is reduced, the IRC embarked on a rigorous process of selecting competent staff with sound understanding of GBV programs in emergencies. In the first quarter, the IRC recruited an expatriate GBV Coordinator who is now Mubi-based and overseeing the recruitment of the GBV national staff team. A Child and Youth Protection and Development (CYPD) Coordinator was also deployed to Nigeria on a 6-week assignment and assisted to identify cross-cutting protection concerns and needs for girls as well as women. The CYPD and GBV Coordinator also discussed ways to ensure protection mainstreaming is included in all aspects of the IRC's programming in country.

Two local partners, Centre for Women & Adolescent Empowerment (CWAE) and Centre for Caring, Empowerment and Peace Initiatives (CCEPI) were identified as sub-grantees for the project and contracts were signed with activities set to start in July. The IRC staff carried out sub-grant program

planning with both partners to clearly define the roles and responsibilities of each organization. CWAE and CCEPI staff and volunteers will both be designated as full-time GBV caseworkers who can act to mobilize and empower the community to manage and respond to women's protection concerns and train community volunteers on GBV activities. CWAE and CCEPI Terms of Reference (ToR) also include the development of case management systems that include appropriate intake, consent forms and assessment tools, as well as the safe, confidential storage of client information. CCEPI will undertake the Village Savings and Loan Association (VSLA) work in and around Mubi.

The IRC also began the procurement process for the drugs and medical equipment to be purchased for distribution to health facilities administering GBV clinical care and management. The IRC is still new to Nigeria, having established a temporary presence in 2012 and a longer-term presence in early 2014. As a result, the IRC spent most of late 2013 into early 2014 going through the INGO registration process with the government. Only after obtaining its registration was the IRC able to apply for the various import and customs waivers and permits allowing for international drug procurements. The IRC obtained these permits in August and were then able to finalize the procurement process for drugs in September. The IRC finalized the purchase of all the medical equipment in Abuja, which was immediately transported to Mubi – distribution to the health facilities is planned for early Q2 of the project period.

For **Objective 4**, the IRC implemented an emergency Water, Sanitation and Hygiene (WaSH) intervention to rapidly improve environmental health conditions in targeted villages/communities in Hong, Maiha, Mubi North, Mubi South, Michika and Madagali LGAs. The IRC has accomplished the following:

- **Local Government Water Sanitation and Hygiene Department Sensitization Meeting** – Project sensitization meeting was held with LGA water and sanitation departmental heads on how to engage and empower them to be part of sustaining the project in the communities within their LGAs: Hong, Maiha, Mubi North and Mubi South. However, Michika and Madagali LGA could not be reached as they were captured by Boko Haram (BH) in early September. They remain under BH control and nearly all of the population has fled south out of villages within these LGAs.
- **Community WaSH Rapid Assessment** was carried out in 116 communities, in 43 wards of four (4) LGAs – Hong, Maiha, Mubi North and South.
- **Community Hygiene Sensitization** on hygiene and sanitation was carried out in 13 villages, namely: Muji, Gara, Ribawa, Chembal, Maskoka, Jabure, Dakka, Bajira Sama, Lirba, Manzuna, Girnburma, Jimbicha and Granura. A total of 10,144 (6,086 female and 4,058 male) persons were reached with key hygiene and sanitation messages as well as basic house hold water treatment techniques.
- **Hygiene/Sanitation Sensitization in the IDP Camp in Larmode, Kollere and Geri NYSC camp;** A total of 9,603 persons (6,722 male and 2,881 female) were reached with key messages; proper hygiene at critical time; personal hygiene and proper sanitation in the camp; and promotion materials for hygiene and sanitation were distributed, which included: ICE material, water container, hand washing stations and disinfectant.
- **Area Cleaning Campaign;** three (3) area cleaning campaigns were organized in Kollere, Larmode and Geri NYSC camp in Mubi North, Mubi South and Geri LGAs, respectively, hosting the

internally displace persons (IDPs) from Chibok, Gwoza, Izge, Madagali and Michika. The campaign reached a total population of 9,603 persons (6,722 male and 2,881 female)

- **Water Storage kits**, comprised of a 10 liter plastic jerry can, 75cl cup and 3l liter plastic kettle, were distributed to 530 households who were displaced in Yola and Geri LGAs.
- **Hygiene and Sanitation Kits**, comprised of a plastic mat, blanket, soap and plastic plate, were distributed to 547 displaced households in Yola, and Geri LGAs.

III. Indicator Tracking

Indicator	Unit	Target	Actual Q1	Cumulative	Remark
Sector: Protection					
Sub-Sector: Prevention and Response to GBV					
OFDA Indicator 1: Number of individuals benefiting from GBV services (sex disaggregate)	Persons	1500	0	0	Services are being initiated
OFDA Indicator 2: Number of people trained in GBV prevention or response from health facilities and partner org.	Persons	75	0	0	Trainings begin in Q2
OFDA Indicator 3: Percentage of people in Mother's Groups reporting improvement in their ability to cope at the end of the program	Persons	75%	0	0	Evaluation to be conducted in last quarter
IRC Indicator 1: Partner organizations use basic case management systems and tools	Organizations	100%	0	0	Case Management systems to be established starting Q2
IRC Indicator 2: Percentage of presenting survivors who have access to case management services including referrals	Persons	75%	0	0	TBD starting Q2
IRC Indicator 3: Percent of GBV caseworkers trained and practicing to minimum quality standards, including provision of	Persons	80%	0	0	TBD starting Q2

Indicator	Unit	Target	Actual Q1	Cumulative	Remark
psychosocial care					
IRC Indicator 4: % of women in mothers' groups who can identify GBV services in their community	Persons	75	0	0	TBD starting Q2
Sector: Economic Recovery & Market Systems					
Sub-Sector: Microfinance					
OFDA Indicator 1: % of financial service accounts or groups supported by USAID/ OFDA that are functioning properly	Group Accounts	100%	0	0	
IRC Indicator 2: Number of women involved in 10 VSLA mixed groups	Persons	200	0	0	VSLA groups to be formed in Q2
Sector: Health					
Sub-Sector: Reproductive Health					
OFDA Indicator 1: Cases of SV treated	Persons	1,250	0	0	Project staff were being recruited
IRC Indicator 2: Number of MCH health facilities stocked with appropriate equipment and medicine	Facilities	15	0	0	International drugs have been purchased and are awaiting shipment
IRC Indicator 3: Percentage of Sexual assault survivors reporting within 120 hours, receive PEP and ECP	Persons	75%	0	0	TBD starting Q2
IRC Indicator 4: Percentage of trained staff demonstrating quality practice skills in response to survivors in post-training practicum	Persons	75%	0	0	TBD starting Q2

Indicator	Unit	Target	Actual Q1	Cumulative	Remark
Sector: Water, Sanitation & Hygiene					
Sub-Sector: Environmental Health					
OFDA Indicator 1: Number of people benefiting from solid waste management, drainage, and/or vector control activities	Persons	62,000	9,603	9,603	Number of persons reached per quarter will be more on track starting Q2
OFDA Indicator EH6: Number of people targeted by environmental health program	Persons	62,000	62,000	62,000	Target remains unchanged
OFDA Indicator EH6: Number of communities targeted by the environmental health program	Persons	162	162	162	Target remains unchanged
OFDA Indicator EH6: Number of vector control activities conducted	Activities	162	3	3	More activities projected starting Q2
Sub-Sector: Hygiene Promotion					
OFDA Indicator: Number of people receiving direct hygiene promotion (excluding media and without double counting)	Persons	62,000	19,747	19,747	Activity is on track
OFDA Indicator HP1: Number of people receiving Hygiene promotion	Persons	62,000	19,747	19,747	Activity is on track
OFDA Indicator HP1: Number of people interviewed during household visits	Persons	384	0	0	TBD starting Q2
OFDA Indicator HP1: Number of respondents who know 3 of 5 critical times to wash hands	Persons	20% above baseline	0	0	TBD Starting Q2
OFDA Indicator HP7: Number of village water user committees created/ trained	Committees	162	15	15	Activity is on track
OFDA Indicator HP7: Number of women and men trained to be on water user committees	Persons	567 women, 567 men	60 women, 60 men	60 women, 60 men	Activity is on track

Indicator	Unit	Target	Actual Q1	Cumulative	Remark
OFDA Indicator HP7: Number of village water committees active at least 3 months after training	Committees	138	0	0	TBD starting Q2
Sub-Sector: Water Supply Infrastructure					
OFDA Indicator WS3: Number of people benefiting directly from the water supply infrastructure program	Persons	62,000	10,144	10,144	Beneficiary number projected to increase starting Q2, due to increased displacement resulting from recent violence and IRC's anticipated increase in coverage area
OFDA Indicator WS3: Number of water points developed, repaired or rehabilitated	Water Points	162	15	15	Number of water points projected to increase starting Q2 (explanation as stated above).
OFDA Indicator WS3: Number of fecal coliform bacteriological tests conducted	Tests	162	0	0	TBD starting Q2
OFDA Indicator WS3: Number of test results with 0 fecal coliforms per 100ml sample	Sample test results	0	N/A	N/A	TBD starting Q3
Number of households targeted by the water supply infrastructure	Households	8,857	1,268	1,268	Activity is on track
Number of households visited	Households	384	0	0	TBD starting Q2
Number of households collecting all water for drinking, cooking and hygiene from improved water points	Households	6,200	0	0	TBD starting Q2

IV. Constraints and challenges

- The security situation in the LGAs remains very complex, fluid and unpredictable. The security situation deteriorated in early September and required an emergency security relocation of IRC staff

from the Mubi field office to Yola from 7-21 September. During this period, the IRC had to suspend program implementation in the 6 LGAs and instead carried out assessments on the needs of the new IDPs arriving into Yola and surrounding LGAs.

- Accessing targeted populations in remote LGAs like Michika and Madagali, and many other remote villages remains a big challenge. In late August, Boko Haram (BH) took additional territory in southern Borno and northern Adamawa including Michika and Madagali. These two LGAs are now under BH control and completely inaccessible. The IRC has identified additional health facilities and communities which are hosting large numbers of IDPs from these two LGAs within the accessible remaining four LGAs. In this way, the IRC will ensure targeted beneficiary numbers are still reached and people from these two LGAs are receiving assistance while in displacement. Furthermore, populations of these two LGAs have all fled, most coming into Mubi and Yola towns or other LGAs further south within the state.
- The nature by which IDP populations settle is unclear and unplanned. As such there has not been any proper IDP profiling by authorities, and so there is no proper data to guide planning and designing interventions and activity implementation. The IRC and Oxfam worked with local partners to do a rough mapping and registration of IDPs in north and central Adamawa with preliminary figures totaling over 200,000 IDPs. However, no official number has been registered or validated by government authorities or the UN.
- There have been multiple displacements, some groups of IDPs have fled more than three times, while some host communities themselves have been uprooted to other locations. This scenario of displacement makes it complex to plan long-term interventions.
- There are issues of misuse, theft, and corruption amongst the local committees set up to manage the IDP camps. In the Mubi IDP camps, the committees that were appointed by the local chief and SEMA did not properly distribute goods which were provided for the IDP populations and IDPs were also forcibly relocated by local committees when the camps were declared closed by the government.

V. Activities for the following quarter

- Mapping and assessment of health services in targeted LGAs to identify capacity needs and gaps to be addressed
- Mapping of community assets: community groups, meeting spaces, community stakeholders/supportive leaders etc
- Delivery and distribution of medical equipment and supplies
- Selection of community groups for VSLA, psychosocial support activities
- Training of health workers in clinical care of sexual assault survivors and caring for child survivors
- Establishing referral mechanisms in the community
- Identification/Training of Community Borehole Mechanic
- Rehabilitation of Hand Pump (Manual) and Motorized Pump
- Community Hygiene and Sanitation Sensitization
- Formation and Training of water users committee
- Area cleaning campaigns
- Hygiene Survey